U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

CAS DRUM	
File Mumber II 1979	2. Fiscal Year Covered From
File Number U - 3788	
	1 / 2001 Through: 2 / 3 / 2001
Name and address of person filing.	Name, file number, and address of labor organization.
AME ROBERT A SIMMONS	Name CHICAGO REGINAL COUNCIL OF CAPA
	Labor Organization File Number 06/-949
O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
reet 79/6 9. GREEN STREET	Street 12 E. ERIE STREET
v CHAGOGO	City CHICOGO
ate //_////015 ZIP Code + 4 606 2	O State ///////////////////////////////////
Enter appropriate data below If, during the past fiscal year, you or you (except as specified in the	ur spouse or minor child directly or indirectly had any of the following interests e exclusions set forth in the instructions): th, or derived income or other economic benefit of
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Enter appropriate data below if, during the past fiscal year, you or you (except as specified in the Held an interest in, engaged in transactions (including loans) with metary value from an employer whose employees your organization and address of Employer (including trade name, if any). The same and address of Employer (including trade name, if any). The same and engaged in transactions (including loans) with the same and address of Employer (including trade name, if any).	ur spouse or minor child directly or indirectly had any of the following interests e exclusions set forth in the instructions): th, or derived income or other economic benefit of nization represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.
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Enter appropriate data below if, during the past fiscal year, you or you (except as specified in the Held an interest in, engaged in transactions (including loans) with one tary value from an employer whose employees your organ Name and address of Employer (including trade name, if any). Name P.O. Box, Bidg., Room No., if any Street ZIP Code + 4 15. Signature and verification. The undersigned declares, under penal	ur spouse or minor child directly or indirectly had any of the following interests exclusions set forth in the instructions): th, or derived income or other economic benefit of nization represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. Signature alty of Perjury and other applicable penalties of the law, that all of the information mpanying documents), has been examined by the signatory and is, to the best of the

ROBERT SIMMONS Name of Person Filing

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a

File Number U- 3788

substantial part of which consists of buying from, selling of leasing to, or other of an employer whose employees your labor organization represents or is actifully any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vely seeking to represent, or lirectly to, or otherwise	
Name and address of Business (including trade name, if any).	9. Business deals with:	
Name	№	
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street	c. Employer	
City		
State ZIP Code + 4	3	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City	Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.	
State ZIP Code + 4		
	12.b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	

DISCLAIMER

The transactions, dealings and interests that are detailed in the attached LM-30 Report represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will immediately file an amended LM-30 Report.

Signature

7-14-05
Date